PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 MAR 14 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09000007704

1. Corporation Name
MINISTERIO INTERNACIONAL DO SALVADOR EM ORLANDO CORP.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8810 COMMODITY CIR.	8810 COMMODITY CIR.
Suite, Apt. #, etc.: 17	Suite, Apt. #, etc.: 17
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32819 Country: USA	Zip: 32819 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/24/2010

5. FEI Number: 27-0701303 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. **Name and Address of Current Registered Agent**

Name: CARLOS A. BATALHA

Street Address (P.O. Box Number is Not Acceptable): 5253 CORAL CT.

Suite, Apt. #, Etc.:

City: ORLANDO State: FL Zip Code: 32811

200218306722
01/27/12--01036--012 **122.50
200218306722
01/13/12--01026--009 **236.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Batalha Date: 03/12/12
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	CARLOS A. BATALHA	5253 CORAL CT.	ORLANDO FL 32811
DT	SOSTENES B. DE SOUSA	5253 CORAL CT.	ORLANDO FL 32811
DS	RACHEL BATALHA	5253 CORAL CT.	ORLANDO FL. 32811
D	LILIAN B. SOUSA	5253 CORAL CT.	ORLANDO FL. 32811

10. **E-mail Address:** _____
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Batalha 03/12/12 (407) 352-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #